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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
<b>TOI/Sub-TOI:</b>	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan		
<b>Product Name:</b>	GHMSI-DC Stop Loss Disclosure R 9-15		
<b>Project Name/Number:</b>	GHMSI-DC Stop Loss Disclosure R. 9-15/GHMSI-DC Stop Loss Disclosure R. 9-15		

## Filing at a Glance

Company:	Group Hospitalization and Medical Services, Inc.
Product Name:	GHMSI-DC Stop Loss Disclosure R 9-15
State:	District of Columbia
TOI:	H12 Health - Excess/Stop Loss
Sub-TOI:	H12.004 Self-Funded Health Plan
Filing Type:	Form
Date Submitted:	09/03/2015
SERFF Tr Num:	CFBC-130232075
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	GHMSI-DC STOP LOSS DISCLOSURE R. 9-15
Implementation	10/01/2015
Date Requested:	
Author(s):	Angela Fletcher, Gina Harrison
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan  
**Product Name:** GHMSI-DC Stop Loss Disclosure R 9-15  
**Project Name/Number:** GHMSI-DC Stop Loss Disclosure R. 9-15/GHMSI-DC Stop Loss Disclosure R. 9-15

## General Information

Project Name: GHMSI-DC Stop Loss Disclosure R. 9-15 Status of Filing in Domicile: Not Filed  
Project Number: GHMSI-DC Stop Loss Disclosure R. 9-15 Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Group Market Type: Employer Overall Rate Impact:  
Filing Status Changed: 09/03/2015  
State Status Changed: Deemer Date:  
Created By: Angela Fletcher Submitted By: Angela Fletcher  
Corresponding Filing Tracking Number:

### Filing Description:

Please see attached revised Stop Loss Disclosure form and corresponding redline for changes. This form was previously approved by the DISB on 5/26/15, CFBC-130084595.

Thank you.

## Company and Contact

### Filing Contact Information

Angela Fletcher, Senior Contract Specialist angela.fletcher@carefirst.com  
10455 Mill Run Circle 410-605-2421 [Phone]  
Owings Mills, MD 21117 410-308-8322 [FAX]

### Filing Company Information

Group Hospitalization and Medical Services, Inc.	CoCode: 53007	State of Domicile: District of Columbia
840 First Street NE	Group Code:	Company Type:
Washington, DC 20065	Group Name:	State ID Number:
(202) 479-8000 ext. [Phone]	FEIN Number: 53-0078070	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
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## Form Schedule

Lead Form Number: DC/GHMSI/SL DISCLOSURE (R. 9/15)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Stop Loss Insurance Disclosure	DC/GHMSI/SL DISCLOSURE (R. 9/15)	POL	Initial			GHMSI-DC SL Disclosure R 9-15.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**Group Hospitalization and Medical Services, Inc.**

doing business as

**CareFirst BlueCross BlueShield (CareFirst)**

[840 First Street, NE]

[Washington, DC 20065]

[202-479-8000]

A not-for-profit health service plan

An independent licensee of the Blue Cross and Blue Shield Association

**STOP LOSS INSURANCE DISCLOSURE**

Please complete this disclosure in entirety, then sign and return to your CareFirst account executive, CareFirst account manager, or producer.

**APPLICANT INFORMATION**

Legal Name of Applicant/Plan Sponsor (to appear on Policy)	Key Contact Person
	Name:
	Phone Number:

**PRODUCER (Agent/Broker) INFORMATION**

Name:	Phone Number:	License Number(s):
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**FRAUD NOTICE (please read carefully)**

**Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**I. DEFINITIONS**

For the purposes of this disclosure, the following terms shall have the meanings provided below:

**Catastrophic Claim** means any Known Claim Information under the applicant's plan providing hospital, surgical or medical benefits incurred and/or actually paid, or expected to be incurred by an individual that may reasonably be assumed will result in a significant medical expense in the next 24 months.

**Claim Information** means to provide Complete Details following a Diligent Review of the data requested by CareFirst in connection with the application for, or renewal of, the CareFirst Stop Loss Insurance Contract on any claim incurred, paid, or pended prior to the effective date of the CareFirst Stop Loss Insurance Contract including, but not limited to, Catastrophic Claims and Shock Losses.

**Complete Details** means detailed information including, but not limited to, the individual's name and social security number, date of birth, diagnosis, prognosis (unless prognosis cannot be obtained due to reasons beyond the applicant's or its representative's control) and provider name, on any individual covered by, or eligible for coverage, under the applicant's plan.

**Diligent Review** means a complete review by the applicant or its representative(s) of the applicant's plan prior to Disclosure, or the initial underwriting, effective date, or renewal of the CareFirst Stop Loss Insurance Contract for Known potential large claimants. A claimant is Known if prior to, or at the time Disclosure is requested, the applicant or its representative(s) had actual information about

the claim, or could have reasonably been assumed to have had such information, had they conducted a Diligent Review.

**Disclosure or Disclosed** means to provide Complete Details following a Diligent Review, and to provide CareFirst with all documentation requested including, but not limited to, the information requested on the stop loss Disclosure form, in connection with the quote/proposal or a renewal offer, census information and Claim Information within the time period(s) specified by CareFirst in writing, prior to the:

1. Initial underwriting of the CareFirst Stop Loss Insurance Contract;
2. Effective date of the CareFirst Stop Loss Insurance Contract;
3. Date an affiliate/subsidiary is acquired, or another class of employees established; or
4. Date of renewal following the end of any CareFirst Stop Loss Insurance Contract.

**Known** means information affecting the administration or underwriting of the CareFirst Stop Loss Insurance Contract, which can be reasonably assumed that the applicant or its representative(s) had knowledge of prior to, or at the time of, a request for Disclosure of Claim Information.

**Shock Claim or Shock Loss** means any loss that is reasonably likely to result in a potentially Catastrophic Claim, or any other loss due to the nature of the injury, illness or diagnosis that the applicant or its representative(s) reasonably assumes will result in a significant medical expense in the next 24 months.

## **II. INSTRUCTIONS FOR COMPLETION OF THE STOP LOSS DISCLOSURE FORM**

**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as a part of “health care operations.”** CareFirst shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

CareFirst will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss insurance. The purpose of the form is to allow CareFirst to take underwriting action on all Known risks in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this Disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from claims administrators, insurers, utilization management companies, managed care companies, and any producer of the Plan Sponsor. The attached disclosure form must be completed and signed by the appropriate parties no more than thirty (30) days prior to the proposed effective date of stop loss coverage and received by CareFirst within ten (10) days of completion.

Upon receipt of the completed Disclosure, CareFirst will assess all data, new and previously reported, and will inform the producer in writing within ten (10) days of any changes to the rates, factors or terms of coverage. CareFirst reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

List on the Disclosure form all risks Known to:

1. Be currently disabled or confined to a medical facility.
2. Have received medical services during the current plan year the cost of which exceeds \$25,000, and for which bills have been received by the claims administrator and entered into their claims system.
3. Have been identified as a candidate for case management and as having the potential to exceed during the contract period, \$25,000.
4. Have been diagnosed or treated for, during the current plan year, with a condition represented by any of the International Classification of Diseases (ICD) codes contained in the attached list(s) [and have also received medical services costing \$5,000 during the same period].

If the Plan Sponsor fails to Disclose any risk to the best of their knowledge and belief Known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then CareFirst will have no liability for claims on the risk not Disclosed.

### Stop Loss Disclosure Form

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred This Plan Year

The Plan Sponsor named below represents that the above list accurately Discloses all potentially catastrophic risks in accordance with the instructions attached to this form and that it is the result of a Diligent Review in accordance with those instructions. **If there are no risks to report which meet the disclosure criteria above, please check this box.** ☐

Plan Sponsor: _____	Claims Administrator: _____	Producer: _____
Signature: _____	Signature: _____	Signature: _____
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____

## [ICD-9 Codes for Disclosure Notification]

Please list all plan participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current benefit period:

### 001-139      Infectious and Parasitic Diseases

038-038.9      Septicemia  
042              AIDS / HIV  
070-070.9      Viral Hepatitis

### 140-239      Neoplasms

140-149.9      Malignant Neoplasm of Lip, Tongue, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx  
150-150.9      Malignant Neoplasm of Esophagus  
151-151.9      Malignant Neoplasm of Stomach  
152-152.9      Malignant Neoplasm of Small Intestine, including Duodenum  
153-153.9      Malignant Neoplasm of Colon  
154-154.8      Malignant Neoplasm of Rectum  
155-155.2      Malignant Neoplasm of Liver  
156-156.9      Malignant Neoplasm of Gallbladder  
157-157.9      Malignant Neoplasm of Pancreas  
158-158.9      Malignant Neoplasm of Retroperitoneum and Peritoneum  
159-159.9      Malignant Neoplasm of Other and Ill-Defined Sites within the Digestive Organs and Peritoneum  
160-160.9      Malignant Neoplasm of Nasal Cavities, Middle Ear, and Accessory Sinuses  
161-161.9      Malignant Neoplasm of Larynx  
162-162.9      Malignant Neoplasm of Lung  
163-163.9      Malignant Neoplasm of Pleura  
164-164.9      Malignant Neoplasm of Thymus, Heart, and Mediastinum  
165-165.9      Malignant Neoplasm of Other and Ill-Defined Sites within the Respiratory System and Intrathoracic Organs  
170-170.9      Malignant Neoplasm of Bone  
171-171.9      Malignant Neoplasm of Connective and Other Soft Tissue  
172-172.9      Malignant Melanoma of Skin  
173-173.9      Other and Unspecified Malignant Neoplasm of Skin  
174-174.9      Malignant Neoplasm of Female Breast  
175-175.9      Malignant Neoplasm of Male Breast  
176-176.9      Kaposi's Sarcoma  
179-182.8      Malignant Neoplasm of Uterus, Cervix Uteri, or Placenta  
183-183.9      Malignant Neoplasm of Ovary  
184-184.9      Malignant Neoplasm of Other and Unspecified Female Genitalia  
185              Malignant Neoplasm of Prostate  
186-186.9      Malignant Neoplasm of Testis  
187-187.9      Malignant Neoplasm of Penis and Other Male Genital Organs  
188-189.9      Malignant Neoplasm of Bladder, Kidney, Urinary  
190-190.9      Malignant Neoplasm of Eye  
191-191.9      Malignant Neoplasm of Brain  
192-192.9      Malignant Neoplasm of Nervous System  
193              Malignant Neoplasm of Thyroid Gland  
194-194.9      Malignant Neoplasm of Endocrine Glands  
195-195.8      Malignant Neoplasm of Other and Ill-Defined Sites  
196-196.9      Secondary Malignant Neo. Lymph Nodes  
197-197.8      Secondary Malignant Neo. Respiratory and Digestive Systems  
198-198.89      Secondary Malignant Neo. Other Specified Sites  
199-199.2      Malignant Neoplasm without Specification of Site  
200-208.9      Lymphoma and/or Leukemia  
209-209.79      Neuroendocrine Tumors  
230-234.9      Carcinoma In Situ  
235-238.9      Neoplasms of Uncertain Behavior  
239-239.9      Neoplasms of Unspecified Nature: Digestive System, Respiratory System, Bone, Soft Tissue, Skin, Breast, Bladder, Other Genitourinary Organs, Brain, Endocrine Glands and Other Parts of Nervous System, Retina

### 240-279      Endocrine, Nutritional, Metabolic, Immunity

250-250.9      Diabetes  
277.0-277.09      Cystic Fibrosis  
278.0-278.8      Obesity/Hyperalimant

### 280-289      Diseases of the Blood and Blood-Forming Organs

282.6-282.69      Sickle-Cell Anemia  
284.9              Aplastic Anemia NOS  
286-286.9      Coagulation Defects and/or Hemophilia

### 320-389      Diseases of the Nervous System and Sense Organs

330              Cerebral degenerations  
331.81          Reye's Syndrome  
336.1          Vascular Myelopathies  
343.0-343.9      Infantile Cerebral Palsy  
344.0-344.9      Quadriplegia, Paraplegia and Quadriparesis  
345.1-345.3      Generalized Convulsive Epilepsy, Petite / Grand Mal Status  
345.7          Epilepsia Partialis Continua (Kojevnikov's Epilepsy)  
348.0-348.9      Encephalopathy  
357, 358, 359      Neuropathy / Myasthenia Gravis / Muscular Dystrophies

### 390-459      Diseases of the Circulatory System

410-410.9      Acute Myocardial Infarction  
411-411.89      Acute and Subacute Ischemic Heart Disease  
414-414.9      Coronary Atherosclerosis (ASHD), Aneurysm and Dissection of Heart  
415-415.19      Acute Pulmonary Heart Disease  
416-416.9      Chronic Pulmonary Heart Disease  
417.1          Aneurysm of Pulmonary Artery  
421-421.9      Acute and Subacute Endocarditis  
422-422.99      Acute Myocarditis  
424-424.99      Valve Disorders  
425-425.9      Cardiomyopathy  
426-426.9      Conduction Disorders  
427-427.9      Cardiac Dysrhythmias  
428-428.9      Heart Failure  
430-432.9      Subarachnoid / Intracerebral / Other Intracranial Hemorrhage  
433-433.9      Occlusion and Stenosis of Precerebral Arteries  
434-434.9      Occlusion of Cerebral Arteries  
436              Acute, but Ill-Defined Cerebrovascular Disease  
440-441.9      Atherosclerosis / Aortic Aneurysm  
443-444.01      Peripheral Vascular Disease

### 460-519      Diseases of the Respiratory System

480-486          Pneumonia  
490-496          Chronic Obstructive Pulmonary Disease (COPD), etc.  
510-511.1      Empyema, Pleurisy  
513-513.1      Abscess of Lung  
515              Postinflammatory Pulmonary Fibrosis  
518-518.89      Pulmonary Collapse and/or Respiratory Failure

### 520-579      Diseases of the Digestive System

532-537.89      Duodenal / Peptic / Gastrojejunal Ulcer, Gastritis, Duodenitis, Disorders of Stomach and Duodenum  
555-555.9      Regional Enteritis (Crohn's Disease)  
560.0-560.9      Intestinal Obstruction  
562.1-562.13      Diverticulitis of Colon  
567-567.89      Peritonitis  
569.0-569.9      Other Disorders of Intestine  
570-571.9      Liver Diseases and Cirrhosis  
572-572.8      Liver Abscess and Other Sequelae of Chronic Liver Disease  
573-573.9      Other Liver Disorders  
577-577.9      Pancreas Diseases  
578-578.9      Gastrointestinal Hemorrhage

### 580-629      Diseases of the Genitourinary System

580-580.9      Acute Glomerulonephritis  
582-582.9      Chronic Glomerulonephritis  
583-583.9      Nephritis and Nephropathy  
584-584.9      Acute Kidney Failure  
585-585.9      Chronic Kidney Disease (CKD)  
586              Renal Failure, Unspecified  
588-588.89      Disorders resulting from impaired renal function  
592              Calculus of Kidney & Ureter



**630-677      Complications of Pregnancy, Childbirth**

641.1	Placenta Previa
642.5-642.7	Eclampsia, pre-eclampsia
644.0-644.2	Premature Labor
648.0	Diabetes Mellitus
651-651.9	Multiple Gestation
654.5	Cervical Incompetence

**710-739      Diseases of the Musculoskeletal System and Connective Tissue**

715.0-715.9	Osteoarthritis
721.3	Lumbosacral Spondylosis
722.0-722.9	Intervertebral Disc Disorders
722.86	Necrotizing Fasciitis
730-730.9	Osteomyelitis and/or Periostitis
737.3-737.39	Kyphoscoliosis and scoliosis

**740-759      Congenital Anomalies**

741-741.9	Spina Bifida
745.0-749.9	Heart Defects / Anomalies
747.2	Aortic Atresia / Stenosis
751.61	Biliary Atresia
758.3-758.39	Autosomal Deletion Syndromes
759-759.9	Other and Unspecified Congenital Anomalies

**760-779      Conditions Originating in the Perinatal Period**

765-765.1	Prematurity
767.0	Birth Trauma
769	Respiratory Distress Syndrome
770.0-770.9	Other Respiratory Conditions of Fetus and Newborn
777.5-777.9	Necrotizing Enterocolitis in Newborn

**780-799      Symptoms, Signs, and Ill-Defined Conditions**

780-780.09	Coma, Persistent Vegetative State
785-785.9	Symptoms Involving Cardiovascular System
786.5-786.59	Chest Pain

**800-999      Injury and Poisoning**

800-804.9	Fracture of Skull
805-805.9	Fracture of Vertebral Column
806-806.9	Fracture of Vertebral Column with Spinal Cord Injury
807-807.6	Fracture of Rib(s), Sternum, Larynx, and Trachea
828-828.1	Multiple Fractures
839.1-839.9	Other, Multiple, and Ill-Defined Dislocations
851-851.9	Cerebral Laceration and Contusion
852-854.1	Intracranial Injury
860-869.1	Internal Injury
874-874.8	Open Wound of Neck
887-887.7	Traumatic Amputation of Arm and Hand
896-896.3	Traumatic Amputation of Foot
897-897.7	Traumatic Amputation of Leg(s)
900-904.9	Injury to Blood Vessels
948-949.5	Burns
952-952.9	Spinal Cord Injury
958-958.8	Certain Early Complications of Trauma
995.92	Severe Sepsis

**996-997.0      Complications peculiar to certain specified conditions**

996.0-996.09	Mechanical complication of cardiac device, implant, and graft
996.1	Mechanical complication of other vascular device, implant, and graft
996.2	Mechanical complication of nervous system device, implant, and graft
996.3-996.39	Mechanical complication of genitourinary device, implant, and graft
996.4-996.49	Mechanical complication of internal orthopedic device, implant, and graft
996.5-996.59	Mechanical complication of other specific prosthetic device, implant, and graft
996.6-996.69	Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
996.7-996.79	Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft
996.8-996.89	Complications of transplanted organ
996.9-996.99	Complications of reattached extremity or body part
997-997.99	Complications affecting specified body parts, not elsewhere classified

**V23      Supervision of High Risk Pregnancy****V42 – V58.9      Transplants, etc**

V42-V42.9	Organ or tissue replaced by transplant
V43-V43.8	Organ or tissue replaced by other means
V44-V44.9	Artificial opening status
V45-V45.89	Other postprocedural states
V46-V46.9	Other dependence on machines and devices
V47-V47.9	Other problems with internal organs
V48-V48.9	Problems with head, neck, and trunk
V49-V49.9	Other conditions influencing health status
V50-V50.9	Elective surgery for purposes other than remedying health states
V51-V51.8	Aftercare involving the use of plastic surgery
V52-V52.9	Fitting and adjustment of prosthetic device and implant
V53-V53.99	Fitting and adjustment of other device
V54-V54.9	Other orthopedic aftercare
V55-V55.9	Attention to artificial openings
V56-V56.8	Encounter for dialysis and dialysis catheter care
V57-V57.9	Care involving use of rehabilitation procedures
V58-V58.9	Encounter for other unspecified procedures and aftercare]

### **[ICD-[10] Codes for Disclosure Notification**

Please list all Plan participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current benefit period.

ICD-10 diagnosis codes contain from three to seven digits (alpha or numeric) the first of which must be alpha, the second must be numeric, and digits three through 7 can be either alpha or numeric. For reporting purposes CareFirst adopted the following convention: If a single code is listed it includes all codes with one or more digits to the right of the rightmost digit in the listed code. For example code F20 includes all codes from F20.0 through F20.9, code G82.5 includes all codes from G82.50 through the last code with a prefix of G82.5, which is G82.54. Similarly, where a range of codes is listed, such as C00-C96, that range includes all codes up through and including the last code in C96, which is C96.9.

This list may, from time to time, be updated to reflect code additions or deletions made by the Centers for Medicare & Medicaid Services (CMS) or some other governing body.

[Explanatory note: same as ICD-9, updated to reflect ICD-10 and subsequent versions of codes, repeated as necessary, to allow joint issue of two sets of codes for those times when codes are updated and claims history spans both sets of codes.]]

I represent that the statements contained in this Disclosure are true and complete to the best of my knowledge and belief, and I understand that they form the basis for CareFirst's approval of the requested stop loss insurance.

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Applicant Signature

---

Producer Signature

---

Printed Name

---

Printed Name

---

Title

---

Title

---

Date

---

Date

<b>SERFF Tracking #:</b>	CFBC-130232075	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GHMSI-DC STOP LOSS DISCLOSURE R. 9-15
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Redline to 6/15 version of form CFBC-130084595
<b>Comments:</b>	Please see attached redline for changes.
<b>Attachment(s):</b>	GHMSI-DC SL Disclosure R 9-15 Redline.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**Group Hospitalization and Medical Services, Inc.**

doing business as

**CareFirst BlueCross BlueShield (CareFirst)**

[840 First Street, NE]

[Washington, DC 20065]

[202-479-8000]

A not-for-profit health service plan

An independent licensee of the Blue Cross and Blue Shield Association

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**APPLICANT INFORMATION**

Legal Name of Applicant/Plan Sponsor (to appear on Policy)	Key Contact Person
	Name:
	Phone Number:

**PRODUCER (Agent/Broker) INFORMATION**

Name:	Phone Number:	License Number(s):
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1. Initial underwriting of the CareFirst Stop Loss Insurance Contract;
2. Effective date of the CareFirst Stop Loss Insurance Contract;
3. Date an affiliate/subsidiary is acquired, or another class of employees established; or
4. Date of renewal following the end of any CareFirst Stop Loss Insurance Contract.

**Known** means information affecting the administration or underwriting of the CareFirst Stop Loss Insurance Contract, which can be reasonably assumed that the applicant or its representative(s) had knowledge of prior to, or at the time of, a request for Disclosure of Claim Information.

**Shock Claim or Shock Loss** means any loss that is reasonably likely to result in a potentially Catastrophic Claim, or any other loss due to the nature of the injury, illness or diagnosis that the applicant or its representative(s) reasonably assumes will result in a significant medical expense in the next 24 months.

## II. INSTRUCTIONS FOR COMPLETION OF THE STOP LOSS DISCLOSURE FORM

**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as a part of “health care operations.”** CareFirst shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

CareFirst will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss insurance. The purpose of the form is to allow CareFirst to take underwriting action on all Known risks in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this Disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from claims administrators, insurers, utilization management companies, managed care companies, and any producer of the Plan Sponsor. The attached disclosure form must be completed and signed by the appropriate parties no more than thirty (30) days prior to the proposed effective date of stop loss coverage and received by CareFirst within ten (10) days of completion.

Upon receipt of the completed Disclosure, CareFirst will assess all data, new and previously reported, and will inform the producer in writing within ten (10) days of any changes to the rates, factors or terms of coverage. CareFirst reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

List on the Disclosure form all risks Known to:

1. Be currently disabled or confined to a medical facility.
2. Have received medical services during the current plan year the cost of which exceeds \$25,000, and for which bills have been received by the claims administrator and entered into their claims system.
3. Have been identified as a candidate for case management and as having the potential to exceed during the contract period, \$25,000.
4. Have been diagnosed or treated for, during the current plan year, with a condition represented by any of the International Classification of Diseases (ICD) codes contained in the attached list(s) [and have also received medical services costing \$5,000 during the same period].

If the Plan Sponsor fails to Disclose any risk to the best of their knowledge and belief Known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then CareFirst will have no liability for claims on the risk not Disclosed.

### Stop Loss Disclosure Form

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred This Plan Year

The Plan Sponsor named below represents that the above list accurately Discloses all potentially catastrophic risks in accordance with the instructions attached to this form and that it is the result of a Diligent Review in accordance with those instructions. **If there are no risks to report which meet the disclosure criteria above, please check this box.** ☐

Plan Sponsor: _____	Claims Administrator: _____	Producer: _____
Signature: _____	Signature: _____	Signature: _____
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____



## [ICD-9 Codes for Disclosure Notification]

Please list all plan participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current benefit period:

### 001-139      Infectious and Parasitic Diseases

038-038.9      Septicemia  
042              AIDS / HIV  
070-070.9      Viral Hepatitis

### 140-239      Neoplasms

140-149.9      Malignant Neoplasm of Lip, Tongue, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx  
150-150.9      Malignant Neoplasm of Esophagus  
151-151.9      Malignant Neoplasm of Stomach  
152-152.9      Malignant Neoplasm of Small Intestine, including Duodenum  
153-153.9      Malignant Neoplasm of Colon  
154-154.8      Malignant Neoplasm of Rectum  
155-155.2      Malignant Neoplasm of Liver  
156-156.9      Malignant Neoplasm of Gallbladder  
157-157.9      Malignant Neoplasm of Pancreas  
158-158.9      Malignant Neoplasm of Retroperitoneum and Peritoneum  
159-159.9      Malignant Neoplasm of Other and Ill-Defined Sites within the Digestive Organs and Peritoneum  
160-160.9      Malignant Neoplasm of Nasal Cavities, Middle Ear, and Accessory Sinuses  
161-161.9      Malignant Neoplasm of Larynx  
162-162.9      Malignant Neoplasm of Lung  
163-163.9      Malignant Neoplasm of Pleura  
164-164.9      Malignant Neoplasm of Thymus, Heart, and Mediastinum  
165-165.9      Malignant Neoplasm of Other and Ill-Defined Sites within the Respiratory System and Intrathoracic Organs  
170-170.9      Malignant Neoplasm of Bone  
171-171.9      Malignant Neoplasm of Connective and Other Soft Tissue  
172-172.9      Malignant Melanoma of Skin  
173-173.9      Other and Unspecified Malignant Neoplasm of Skin  
174-174.9      Malignant Neoplasm of Female Breast  
175-175.9      Malignant Neoplasm of Male Breast  
176-176.9      Kaposi's Sarcoma  
179-182.8      Malignant Neoplasm of Uterus, Cervix Uteri, or Placenta  
183-183.9      Malignant Neoplasm of Ovary  
184-184.9      Malignant Neoplasm of Other and Unspecified Female Genitalia  
185              Malignant Neoplasm of Prostate  
186-186.9      Malignant Neoplasm of Testis  
187-187.9      Malignant Neoplasm of Penis and Other Male Genital Organs  
188-189.9      Malignant Neoplasm of Bladder, Kidney, Urinary  
190-190.9      Malignant Neoplasm of Eye  
191-191.9      Malignant Neoplasm of Brain  
192-192.9      Malignant Neoplasm of Nervous System  
193              Malignant Neoplasm of Thyroid Gland  
194-194.9      Malignant Neoplasm of Endocrine Glands  
195-195.8      Malignant Neoplasm of Other and Ill-Defined Sites  
196-196.9      Secondary Malignant Neo. Lymph Nodes  
197-197.8      Secondary Malignant Neo. Respiratory and Digestive Systems  
198-198.89      Secondary Malignant Neo. Other Specified Sites  
199-199.2      Malignant Neoplasm without Specification of Site  
200-208.9      Lymphoma and/or Leukemia  
209-209.79      Neuroendocrine Tumors  
230-234.9      Carcinoma In Situ  
235-238.9      Neoplasms of Uncertain Behavior  
239-239.9      Neoplasms of Unspecified Nature: Digestive System, Respiratory System, Bone, Soft Tissue, Skin, Breast, Bladder, Other Genitourinary Organs, Brain, Endocrine Glands and Other Parts of Nervous System, Retina

### 240-279      Endocrine, Nutritional, Metabolic, Immunity

250-250.9      Diabetes  
277.0-277.09      Cystic Fibrosis  
278.0-278.8      Obesity/Hyperalimant

### 280-289      Diseases of the Blood and Blood-Forming Organs

282.6-282.69      Sickle-Cell Anemia  
284.9              Aplastic Anemia NOS  
286-286.9      Coagulation Defects and/or Hemophilia

### 320-389      Diseases of the Nervous System and Sense Organs

330              Cerebral degenerations  
331.81          Reye's Syndrome  
336.1          Vascular Myelopathies  
343.0-343.9      Infantile Cerebral Palsy  
344.0-344.9      Quadriplegia, Paraplegia and Quadriparesis  
345.1-345.3      Generalized Convulsive Epilepsy, Petite / Grand Mal Status  
345.7          Epilepsia Partialis Continua (Kojevnikov's Epilepsy)  
348.0-348.9      Encephalopathy  
357, 358, 359      Neuropathy / Myasthenia Gravis / Muscular Dystrophies

### 390-459      Diseases of the Circulatory System

410-410.9      Acute Myocardial Infarction  
411-411.89      Acute and Subacute Ischemic Heart Disease  
414-414.9      Coronary Atherosclerosis (ASHD), Aneurysm and Dissection of Heart  
415-415.19      Acute Pulmonary Heart Disease  
416-416.9      Chronic Pulmonary Heart Disease  
417.1          Aneurysm of Pulmonary Artery  
421-421.9      Acute and Subacute Endocarditis  
422-422.99      Acute Myocarditis  
424-424.99      Valve Disorders  
425-425.9      Cardiomyopathy  
426-426.9      Conduction Disorders  
427-427.9      Cardiac Dysrhythmias  
428-428.9      Heart Failure  
430-432.9      Subarachnoid / Intracerebral / Other Intracranial Hemorrhage  
433-433.9      Occlusion and Stenosis of Precerebral Arteries  
434-434.9      Occlusion of Cerebral Arteries  
436              Acute, but Ill-Defined Cerebrovascular Disease  
440-441.9      Atherosclerosis / Aortic Aneurysm  
443-444.01      Peripheral Vascular Disease

### 460-519      Diseases of the Respiratory System

480-486          Pneumonia  
490-496          Chronic Obstructive Pulmonary Disease (COPD), etc.  
510-511.1      Empyema, Pleurisy  
513-513.1      Abscess of Lung  
515              Postinflammatory Pulmonary Fibrosis  
518-518.89      Pulmonary Collapse and/or Respiratory Failure

### 520-579      Diseases of the Digestive System

532-537.89      Duodenal / Peptic / Gastrojejunal Ulcer, Gastritis, Duodenitis, Disorders of Stomach and Duodenum  
555-555.9      Regional Enteritis (Crohn's Disease)  
560.0-560.9      Intestinal Obstruction  
562.1-562.13      Diverticulitis of Colon  
567-567.89      Peritonitis  
569.0-569.9      Other Disorders of Intestine  
570-571.9      Liver Diseases and Cirrhosis  
572-572.8      Liver Abscess and Other Sequelae of Chronic Liver Disease  
573-573.9      Other Liver Disorders  
577-577.9      Pancreas Diseases  
578-578.9      Gastrointestinal Hemorrhage

### 580-629      Diseases of the Genitourinary System

580-580.9      Acute Glomerulonephritis  
582-582.9      Chronic Glomerulonephritis  
583-583.9      Nephritis and Nephropathy  
584-584.9      Acute Kidney Failure  
585-585.9      Chronic Kidney Disease (CKD)  
586              Renal Failure, Unspecified  
588-588.89      Disorders resulting from impaired renal function  
592              Calculus of Kidney & Ureter

**630-677      Complications of Pregnancy, Childbirth**

641.1	Placenta Previa
642.5-642.7	Eclampsia, pre-eclampsia
644.0-644.2	Premature Labor
648.0	Diabetes Mellitus
651-651.9	Multiple Gestation
654.5	Cervical Incompetence

**710-739      Diseases of the Musculoskeletal System and Connective Tissue**

715.0-715.9	Osteoarthritis
721.3	Lumbosacral Spondylosis
722.0-722.9	Intervertebral Disc Disorders
722.86	Necrotizing Fasciitis
730-730.9	Osteomyelitis and/or Periostitis
737.3-737.39	Kyphoscoliosis and scoliosis

**740-759      Congenital Anomalies**

741-741.9	Spina Bifida
745.0-749.9	Heart Defects / Anomalies
747.2	Aortic Atresia / Stenosis
751.61	Biliary Atresia
758.3-758.39	Autosomal Deletion Syndromes
759-759.9	Other and Unspecified Congenital Anomalies

**760-779      Conditions Originating in the Perinatal Period**

765-765.1	Prematurity
767.0	Birth Trauma
769	Respiratory Distress Syndrome
770.0-770.9	Other Respiratory Conditions of Fetus and Newborn
777.5-777.9	Necrotizing Enterocolitis in Newborn

**780-799      Symptoms, Signs, and Ill-Defined Conditions**

780-780.09	Coma, Persistent Vegetative State
785-785.9	Symptoms Involving Cardiovascular System
786.5-786.59	Chest Pain

**800-999      Injury and Poisoning**

800-804.9	Fracture of Skull
805-805.9	Fracture of Vertebral Column
806-806.9	Fracture of Vertebral Column with Spinal Cord Injury
807-807.6	Fracture of Rib(s), Sternum, Larynx, and Trachea
828-828.1	Multiple Fractures
839.1-839.9	Other, Multiple, and Ill-Defined Dislocations
851-851.9	Cerebral Laceration and Contusion
852-854.1	Intracranial Injury
860-869.1	Internal Injury
874-874.8	Open Wound of Neck
887-887.7	Traumatic Amputation of Arm and Hand
896-896.3	Traumatic Amputation of Foot
897-897.7	Traumatic Amputation of Leg(s)
900-904.9	Injury to Blood Vessels
948-949.5	Burns
952-952.9	Spinal Cord Injury
958-958.8	Certain Early Complications of Trauma
995.92	Severe Sepsis

**996-997.0      Complications peculiar to certain specified conditions**

996.0-996.09	Mechanical complication of cardiac device, implant, and graft
996.1	Mechanical complication of other vascular device, implant, and graft
996.2	Mechanical complication of nervous system device, implant, and graft
996.3-996.39	Mechanical complication of genitourinary device, implant, and graft
996.4-996.49	Mechanical complication of internal orthopedic device, implant, and graft
996.5-996.59	Mechanical complication of other specific prosthetic device, implant, and graft
996.6-996.69	Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
996.7-996.79	Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft
996.8-996.89	Complications of transplanted organ
996.9-996.99	Complications of reattached extremity or body part
997-997.99	Complications affecting specified body parts, not elsewhere classified

**V23      Supervision of High Risk Pregnancy****V42 – V58.9      Transplants, etc**

V42-V42.9	Organ or tissue replaced by transplant
V43-V43.8	Organ or tissue replaced by other means
V44-V44.9	Artificial opening status
V45-V45.89	Other postprocedural states
V46-V46.9	Other dependence on machines and devices
V47-V47.9	Other problems with internal organs
V48-V48.9	Problems with head, neck, and trunk
V49-V49.9	Other conditions influencing health status
V50-V50.9	Elective surgery for purposes other than remedying health states
V51-V51.8	Aftercare involving the use of plastic surgery
V52-V52.9	Fitting and adjustment of prosthetic device and implant
V53-V53.99	Fitting and adjustment of other device
V54-V54.9	Other orthopedic aftercare
V55-V55.9	Attention to artificial openings
V56-V56.8	Encounter for dialysis and dialysis catheter care
V57-V57.9	Care involving use of rehabilitation procedures
V58-V58.9	Encounter for other unspecified procedures and aftercare]

### **[ICD-[10] Codes for Disclosure Notification**

Please list all Plan participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current benefit period:.

ICD-10 diagnosis codes contain from three to seven digits (alpha or numeric) the first of which must be alpha, the second must be numeric, and digits three through 7 can be either alpha or numeric. For reporting purposes CareFirst adopted the following convention: If a single code is listed it includes all codes with one or more digits to the right of the rightmost digit in the listed code. For example code F20 includes all codes from F20.0 through F20.9, code G82.5 includes all codes from G82.50 through the last code with a prefix of G82.5, which is G82.54. Similarly, where a range of codes is listed, such as C00-C96, that range includes all codes up through and including the last code in C96, which is C96.9.

This list may, from time to time, be updated to reflect code additions or deletions made by the Centers for Medicare & Medicaid Services (CMS) or some other governing body.

[Explanatory note: same as ICD-9, updated to reflect ICD-10 and subsequent versions of codes, repeated as necessary, to allow joint issue of two sets of codes for those times when codes are updated and claims history spans both sets of codes.]]

I represent that the statements contained in this Disclosure are true and complete to the best of my knowledge and belief, and I understand that they form the basis for CareFirst's approval of the requested stop loss insurance.

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Applicant Signature

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Producer Signature

---

Printed Name

---

Printed Name

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Title

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Title

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Date

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Date